CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

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NAME OF FILER





CITY OF COTATI CITY MANAGER/CITY CLERK (MIDDLE)

NAME OF FILER (LAST)	L. U. (U.)	" " (FIRST) For 11:22	(MIDDLE)
Harvey	Susan	Α	
1. Office, Agency, or Court			
Agency Name			
City of Cotati			
Division, Board, Department, District, if applical	ble	Your Position	
	 	member of city council	
► If filing for multiple positions, list below or o	n an attachment.		
Agency:		Position:	
2. Jurisdiction of Office (Check at leas	t one box)		
☐ State		☐ Judge or Court Commissioner (State	ewide Jurisdiction)
Multi-County		County of	·
☑ City of Cotati		Other	
3. Type of Statement (Check at least on	ne box)		
Annual: The period covered is January 1 December 31, 2012.	, 2012, through	Leaving Office: Date Left (Check one)	J
The period covered is/ December 31, 2012.	, through	 The period covered is January leaving office. 	1, 2012, through the date of
Assuming Office: Date assumed	<u> </u>	The period covered is	, through
Candidate: Election year	and office sought, if of	lifferent than Part 1:	
4. Schedule Summary			2
Check applicable schedules or "None."	► Total	number of pages including this c	over page: ———
Schedule A-1 - Investments - schedule at		Schedule C - Income, Loans, & Busines	
Schedule A-2 - Investments – schedule at		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - schedule at		Schedule E - Income - Gifts - Travel P	ayments – schedule attached
	-or-] None - No reportable interes	sts on any schedule	
-			
5			
herein and in any attached schedules is true a	and complete. I ackr		
I certify under penalty of perjury under the	laws of the State o		
Data Signad 03/10/2013			
Date Signed	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE D Income - Gifts



NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) O9 , 30 , 12	Sonoma State University		
BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (min/dd/yy) VALUE DESCRIPTION OF GIFT(S) O9 , 30 , 12	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) 09 , 30 , 12	1801 East Cotati Ave. Rohnert Park, CA 94928		
09 , 30 , 12	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
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Comments:	Comments:		